

<b>SCC eFile</b>	<b>2014 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	214510685				
1.) CORPORATION NAME: <b>Space Adventures LTD.</b> <div style="float: right;">DUE DATE: <b>2/28/2014</b></div>						
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CT CORPORATION SYSTEM</b> <b>4701 COX ROAD, SUITE 285</b> <b>GLEN ALLEN, VA</b> <div style="float: right;">SCC ID NO: <b>F1699455</b></div>						
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b>		5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>50,000,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	50,000,000
CLASS	AUTHORIZED					
COMMON	50,000,000					
4.) STATE OR COUNTRY OF INCORPORATION: <b>NV</b>						
6.) PRINCIPAL OFFICE ADDRESS:  <div style="text-align: center;">             ADDRESS: 8245 BOONE BOULEVARD              SUITE 570               CITY/ST/ZIP: VIENNA, VA 22182           </div>						
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.						
NAME: TOM SHELLEY TITLE: PRESIDENT ADDRESS: 8245 BOONE BOULEVARD SUITE 570 CITY/ST/ZIP/CO: VIENNA, VA 22182	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR				
NAME: KARLYN RADER TITLE: TREASURER ADDRESS: 8245 BOONE BOULEVARD SUITE 570 CITY/ST/ZIP/CO: VIENNA, VA 22182	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR				
NAME: ERIC C ANDERSON TITLE: OFF/DIR/EXEC D ADDRESS: 8245 BOONE BOULEVARD SUITE 570 CITY/ST/ZIP/CO: VIENNA, VA 22182	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				
NAME: MICHAEL J HENKE TITLE: SECRETARY ADDRESS: 8245 BOONE BOULEVARD SUITE 570 CITY/ST/ZIP/CO: VIENNA, VA 22182	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR				
NAME: PETER DIAMANDIS TITLE: DIRECTOR ADDRESS: 8245 BOONE BOULEVARD SUITE 570 CITY/ST/ZIP/CO: VIENNA, VA 22182	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD GARRIOTT DIRECTOR 8245 BOONE BOULEVARD SUITE 570 VIENNA, VA 22182	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TOBY JACKSON DIRECTOR 8245 BOONE BOULEVARD SUITE 570 VIENNA, VA 22182	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANDREW LAMPERT DIRECTOR 8245 BOONE BOULEVARD SUITE 570 VIENNA, VA 22182	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL MCDOWELL DIRECTOR 8245 BOONE BOULEVARD SUITE 570 VIENNA, VA 22182	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT WALKER DIRECTOR 8245 BOONE BOULEVARD SUITE 570 VIENNA, VA 22182	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Miguel Forbes DIRECTOR 8245 Boone Boulevard Suite 570 Vienna, VA 22182	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ KARLYN RADER		KARLYN RADER, TREASURER	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			